

1654

FORM PTO-1083

355863.00120



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
ZIEGLER, Randy H.

Serial No: 09/967,030

Filed: September 27, 2001

For: COMPOSITIONS AND METHODS FOR TREATMENT OF  
DIABETES

Art Unit: 1654  
Examiner: PATTEN, Patricia A.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450, on  
May 19, 2003

Date of Deposit  
Heather B. Del Bosco

Name: Heather B. Del Bosco 5/19/03  
Signature: [Signature] Date

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above identified application.

- ☒ Small entity status has been claimed. See 37 CFR § 1.27.  
☐ A certified copy of \_\_\_ Patent Application No. \_\_\_ filed \_\_\_ from which priority is claimed under 35 U.S.C. § 119 is enclosed.  
☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.  
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	8	-	17 **	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	2	-	10 ***	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
					TOTAL	\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$\_\_\_ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**  
☐ A check in the amount of \$\_\_\_ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**  
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-2567, referencing docket number 355863.00120. **A copy of this sheet is enclosed.**  
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims  
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
REED SMITH CROSBY HEAFEY

Date: May 19, 2003

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